# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

8849

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kans — Primary Registration District No. — Registered No. 1010
City Kansas City (No. 502-W- Pennway St. Ward)

2. FULL NAME Infant Dickinson
(a) Residence. No. 502 W Pennway St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5-1928

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 1 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Elgis Dickinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kans.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Bessie Hart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

14. INFORMANT E. L. Dickinson
(Address) Moran Kans

15. FILED 3-6- 1928 M. M. Crowe asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1928

17. I HEREBY CERTIFY, That I attended deceased from noon Mch 5, 1928, to 1 PM Mch 5, 1928, that I last saw him alive on Mch 5, 1928, and that death occurred, on the date stated above, at 1 P. M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth 8 months
Immature Child.
4
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mother poor health
(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hola

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Mrs Dyler, M. D
3-5-, 1928 (Address) 2608 East 31 City

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Moran Kans — DATE OF BURIAL: 3/6 1928

20. UNDERTAKER: Richardson & Sons — ADDRESS: City

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.